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CCC-517
(02-10-11)

U.S. DEPARTMENT OF AGRICULTURE
Commodity Credit Corporation

TRACT REDISTRIBUTION FORM

1. COUNTY FSA OFFICE NAME AND ADDRESS (Including Zip Code)

TELEPHONE NUMBER (Area Code):

2. STATE CODE

3. COUNTY CODE

4. FARM SERIAL NUMBER

5. TRACT NUMBER

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is the Food, Conservation, and Energy Act of 2008 (Pub. L. 110-246), 7 CFR Part 718, and 7 CFR Part 1412. The information will be used to accomplish the redistribution of base acres on each tract. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility for the redistribution of base acres on each tract.

This information collection is exempted from the Paperwork Reduction Act, as it is required for administration of the Food, Conservation, and Energy Act of 2008 (see Pub. L. 110-246, Title II, Subtitle J - Administration). **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided.

6. TRACT ACREAGE

A. DCP CROPLAND

B. EFFECTIVE DCP CROPLAND

C. CURRENT DOUBLE CROPPED ACRES

D. REQUESTED DOUBLE CROPPED ACRES

E.
CROP

F.
CURRENT BASE

G.
REQUESTED BASE

E.
CROP

F.
CURRENT BASE

G.
REQUESTED BASE

7. OWNER'S CERTIFICATION

I understand that by signing this form I have made the tract redistribution decision shown in Item 6 for the farm serial number in Item 4.

I also understand that all owners on this farm must sign form CCC-517. In the event that one or more owners of this farm fail to sign form CCC-517, I understand that this form is null and void, that the tract redistribution decision shown in Item 6 is no longer applicable.

A. OWNER'S NAME AND ADDRESS (Including Zip Code)

B. SIGNATURE OF OWNER (BY)

C. TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING
IN A REPRESENTATIVE CAPACITY

D. DATE (MM-DD-YYYY)

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